



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES SECTION**

500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1145
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

PRENEED SELLER (ESTABLISHMENT) REGISTRATION FORM

This application for the establishment to sell preneed funeral merchandise and services is pursuant to TCA § 62-5-405 and Rule 0780-5-10-.14. Checks or money orders should be made payable to "Burial Services" in the amount of \$1,000.00 and mailed to the above address.

Name of Establishment:

Site Location:

Mailing Address:

Phone: () _____ **Manager:** _____

Establishment's Owner (Name of Corporation, Limited Liability Company, Etc.):

Mailing Address:

Phone: () _____ **Contact Person:** _____

Name of Trustee:

Mailing Address:

Phone: () _____ **Contact Person:** _____

I hereby affirm, under penalty of perjury, that all of the information submitted in this application is true and correct and complete. I am aware that knowingly and willfully making a material misstatement in connection with an application for registration is grounds for the denial, refusal to renew, suspension, or revocation of a registration / license.

X _____
Signature of Manager

Sworn to and subscribed before me this _____ day of _____, 20_____.

X _____
Notary Public

(SEAL)

My Commission Expires: _____